

LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

EDITED BY

RICHARD O. COWLING, A. M., M. D.
PROFESSOR OF SURGICAL PATHOLOGY AND OPERATIVE SURGERY IN THE UNIVERSITY OF LOUISVILLE

AND

WILLIAM H. GALT, M. D.

Issued Every Saturday.—Terms, \$3.00 a Year in Advance, Postage Paid.

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The regular lectures at the hospital, on Clinical Medicine by Professors Bemiss, Elliott, and Joseph Jones, Surgery by Professors Richardson and Logan, Diseases of Women and Children by Professor Lewis, and Special Pathological Anatomy by Professor Chaille, will be delivered in the amphitheater on Monday, Wednesday, Thursday, and Saturday, from 10 to 12 o'clock A. M.

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LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. IV.

LOUISVILLE, AUGUST 11, 1877.

No. 6.

SAYS the American Bi-Weekly:

"What the Bi-Weekly charged, and continues to charge, is that for a year or more the 'News' published in almost every issue statements in regard to the Louisville Medical College and the Kentucky School of Medicine which are not true. The statements were known to the 'News' to be untrue, and yet they were persistently and interminably published," etc.

Is it for a purpose that the Phenomenon's organ puts in this general denial thus made? Is it going to make the subject one for gratuitous advertisement in the newspapers of the country preparatory to the coming session?

We have discussed the concern to our heart's content, and have little more to say on the subject. Will the arch spirit of the Phenomenon cast his eye over the following editorial, which appeared in the News last year, and say which paragraph is false:

"Was it a falsehood to quote the language of the Phenomenon's advertisements which said that 'any chartered institution holding more than one graduating course in a year deserved to forfeit the respect, confidence, and support of the profession?'

"Was it a falsehood to quote again the language of the circular, and say that the Kentucky School of Medicine and the Louisville Medical College were 'separate and DISTINCT INSTITUTIONS,' to wit:

LOUISVILLE MED. COLLEGE. KY. SCHOOL OF MEDICINE.
Terms begin Oct. 1st and end Terms begin March 1st and
last of Feb'y. end in June.

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| John Goodman, | John Goodman, |
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| C. W. Wright, | G. J. Cook, |
| G. J. Cook, | E. S. Gaillard, Dean. |
| E. S. Gaillard, Dean. | |

Same building, same wax model, same manikin, etc.

"Was it a falsehood to wonder how they were going to escape their own condemnation?

VOL. IV.—No. 6

"Was it a falsehood to declare that the Kentucky-Louisville School had issued blank diplomas, the same having been admitted by its dean, 'that they might be filled with illuminated text?'

"Was it a falsehood to declare that the Kentucky School of Medicine and the Louisville Medical College were housed in the same building, and possessed the same appliances for teaching, including a wax model and a manikin?

"Was it a falsehood to assert that the system of private teaching practiced by the faculty of the Kentucky-Louisville School was open to very serious abuses? Was not the same admitted by this learned body, and did it not pretend to abolish it?

"Was it a falsehood to say that the beneficiary system of the Kentucky-Louisville School was the hollowest sham of the century? Are there *three* men in the school who are not beneficiaries?

"Was it a falsehood to say that the blather in which the Kentucky-Louisville circulars indulge about its being a high-fee school was 'conspicuously absurd?' Does n't it make you laugh?

"Was it a falsehood to say that the Convention of Medical Colleges condemned these practices?

"Was it a falsehood to say that the medical journals of the country condemned the school—that it was in bad odor with the profession generally? Do not the most of the students who go there feel called on to apologize for doing so?

"Was it a falsehood to note the 'Hippocratic' take-in, whereby the sons of physicians are mulcted of precisely the same amount that is taken from every one else under the hollow guise of special privileges?

"Now this has been pretty much the ground we have occupied. We have produced demonstrative proof for all we have said. You ought to be able to show us wherein we have erred. To be sure, we have illustrated our texts every now and then in a picturesque way; and have smiled occasionally at solemn humbug, which naturally irritated persons profiting by the same," etc.

We have only to add to the above that the NEWS succeeded in its School Convention, and the Phenomenon came in.

THERAPEUTIC USES OF JUNIPER SPIRITS.

Several weeks since we received a printed circular (evidently sent to journals generally) from a house in New York asking us to advertise "Binninger's Old London Dock Gin," and take pay for the same in gin. The article offered has an excellent reputation; but as it is not our custom to receive manufactures in exchange for advertisements, and as gin especially was a useless article to us, we declined the offer. We see, however, the American Medical Bi-Weekly snapped at it, and in its last two numbers occupies a third of a page in its advertisement of the "Binninger," labeled to last a year. According to the terms of the contract the American Bi- receives two or three dozen bottles of the London Dock gin for this service.

In noticing this matter it was not our intention to criticise any of the business arrangements of the Bi-Weekly—for it is all right and fair to take the gin for advertising—but to call attention to the psychological aspect of the affair. The last two numbers of the American Bi-Weekly fairly bristle with personal editorials—shooting far and wide, but especially at our devoted heads. The Bi-Weekly fairly foams with rage. Now what has brought about this fearful activity after such period of quiescence? You remember how we called on the Doodle-bug to come out, both sweetly and loudly; how we poured a little hot water down his hole and dropped a few bricks, all to no purpose. Why danceth he forth so gaily now, skipping around on his ear, striking so rightly and leftly? There is but one explanation: that which drug-store whisky failed to effect hath been wrought by Binninger's Old London Dock. And hurrah for Binninger! May he send quickly a fresh supply; for indeed we do love to see the Doodle-bug above ground.

THE circulars of the Louisville-Kentucky School of Medicine are at hand. They are over the signature of the dean and editor,

and are of course, with the exception of seasons, almost identical, as they refer to common property. We beg leave to call the attention of the proper authorities to a little matter in the Kentucky catalogue wherein it differs from that of the Louisville: It is upon the matter of allowing four years' practice of medicine to stand for one course of lectures. Does not the manager know that this has been abolished by the College Convention? We beg him to retract the clause early and publicly. We wish to know also upon what grounds he publishes the Kentucky School as an "affiliated" college. Does he not know that direct application must be made to the Association for affiliation, and the college applying be voted upon? No application has been made by the Kentucky School; and should one be made, it would be rejected unless there was promise made to adhere to the terms of confederation, etc. The manager of the Kentucky-Louisville School was kind enough to read a very proper lesson to the mar-plot of the Philadelphia Times on a willful perversion of a clause in the Constitution of the College Association. We beg him to study the matter further, and put his own wards right on the question; and he will excuse us if we are a little bit suspicious while matters are not adjusted.

"IT is distinctly charged that the statements made for a year or more against the Louisville Medical College and the Kentucky School of Medicine by the 'News' are untrue. The faculties of these institutions have so publicly pronounced them, and denounce them as absolute slander. Thrusts at the Bi-Weekly or its editor, whether just or unjust, do not touch the question, and have nothing to do with it."

Apropos of the above text, also from the A. M. Bi-, and in addition to our remarks in a previous editorial, please to note the following:

The Louisville School of Medicine, the Kentucky School of Medicine, and the American Medical Bi-Weekly are one and the same concern. The school could not exist without the journal, nor the journal with-

out the school. "Useless one without the other." The editor plays into the hands of the dean, and the dean into the hands of the editor. Dean, treasurer, and editor are inseparable, and *is* supreme. The gentlemen who are supposed to assist in the make-up of the school are merely puppets in the hands of its manager, and, so far as the income of the school is concerned, are fed chiefly on gall and bitterness served out by their manager. As one by one drops off from the concern, he acknowledges the justness of our exposures. Consequently, whether we mention the journal or school, we are on the right track.

The dean, editor, and proprietor will please not blush at the compliment we have offered him. He is wholly responsible for the renewal of this war. He must not attack honest folks.

EVEN now in August comes along the June journal along with the bug bearing its name. And if the United States mail fails (never did editors or publishers do so), and the LOUISVILLE MEDICAL NEWS reaches Maine or Texas somewhere on Tuesday instead of Monday, then do imprecations descend upon us. Thrice have we been abused by Louisville doctors of late because it was Saturday afternoon instead of Saturday morning when the NEWS arrived. Will not men be merciful upon the weekly?

WE are and always have been perfectly willing to let the Phenomenon alone since it came into our convention, and indeed to assist it along its new paths of virtue, while its untried footsteps remain feeble; but it must not try to bully us. Moreover, it will please excuse us if for a short time longer we keep our eagle-eye upon it.

SONG OF THE D. B.

Oh, Sister Phoebe, how merry were we
The night we sat under the juniper tree.

Original.

FERRUM DIALYSATUM.

BY L. P. YANDELL, JR., M.D.,

Professor of Therapeutics and Clinical Medicine, University of Louisville.

Dialysed iron has been used to a limited extent for some years in Europe, but it is only within the past few months that it has attracted much attention in America. It is now manufactured on a large scale by Wyeth & Brother, of Philadelphia, and according to the highest authorities in pharmacy this American preparation is greatly superior to the foreign article.

For more than a month I have employed dialysed iron in my practice to the exclusion of all other forms of the metal, and with most gratifying results. The manufacturers claim for dialysed iron the following advantages: It is tasteless, does not blacken the teeth, does not produce headache, gastric derangement, or constipation, and acts as efficaciously in ten-drop doses given four or five times a day as in double or quadruple these quantities. Besides, it is asserted to be equally as reliable an antidote to arsenic as the hydrate sesquioxide. In color it is a bright, reddish brown. Taken undiluted it has the faintest possible styptic taste, but this is not observable when water is added. It is possessed of a slight, peculiar flavor, resembling that of fresh blood, but not in the least unpleasant. In cold weather it is said to become thick—gelatiniform, and that a few drops of impure water to a considerable quantity of the fluid may produce this result at any time. This coagulation I have noticed even with the thermometer ranging between 80° and 90°; but a small quantity of distilled water added immediately restores its liquidity.

In anaemia, from various causes, in the neuroses, dermatoses, menstrual derangements, phthisis, syphilis, sexual debility, and indeed in all of the morbid conditions for which I have prescribed *ferrum dialysatum* it has given perfect satisfaction, except in two cases,

where it produced some constipation ; but in both these instances it was administered in what the manufacturers state are unnecessarily large doses. In one, a lady, half teaspoonful was given thrice daily, and in the other, a girl of six years, fifteen drops were given thrice daily. In many others, half-teaspoonful doses given three to six times in the twenty-four hours led to no unpleasant results. In restoring the appetite, and in building up strength this form of iron has seemed to surpass all others. Already Messrs. Wyeth's new preparation has become popular with those who have used it, and when its excellencies have become generally known, it is safe to predict that it will supersede nearly all of the other ferruginous preparations.

Anstie insisted on the necessity of iron in the treatment of the neuroses, and what he claimed for iron in this class of maladies is equally true of other diseases. Iron deserves to rank as the king of metals in medicine, as it does in the arts and manufactures.

Dialysed iron may be given in any vehicle desired—syrups, elixirs, tinctures, or glycerites, but simple water is most likely to be preferred by the sick, as in this way it is without taste, and sick people usually dislike flavors.

Many formulæ are suggested in the pharmaceutical journals for the manufacture of dialysed iron, but with its mode of production the physician is not concerned. Suffice it to say that this addition to the *materia medica* is made from the liquor of the perchloride of iron, and the dialysis is performed by percolation through parchment, bladder, or fine parchment paper, after the components of the medicine have been properly commingled.

LOUISVILLE.

It is a matter of regret that the schools north of the Ohio did not publish the Articles of Confederation as was promised. Of course they were too late, but they should have made the opportunity.

Correspondence.

RUBEOLA AND ABORTION.

To the Editors of the Louisville Medical News :

We are having in these parts a tolerably severe epidemic of measles. For the details of one particular case I beg space in the News.

On the morning of the 28th April I attended a Mrs. Eliza B. and diagnosed a case of measles. She was about four and a half months advanced in pregnancy. Patient complained of great pain in the head, back, etc.; also had a severe cough. I at once gave an anodyne consisting of about one quarter of a grain sulphate morphine ; and after administering two doses, quarter of an hour apart, she remarked that she had almost got relief; could also detect a slight malarial influence. Consequently I left a few five-grain doses of cinchonidia, and ordered it given three times a day. Also left a cough mixture composed of syrup tolu, $\frac{3}{j}$; syrup squill, $\frac{3}{j}$; sulphate morphia gr. j; directed it given in teaspoonful doses every half hour, when cough existed, until relief was procured.

On the 29th I found her with a temperature of $105\frac{1}{2}^{\circ}$; pulse accelerated to about twenty beats above a normal standard. She complained of pain in the lumbar region, also colic in the bowels, as she called it, which I could detect was periodical in character. The eruption was also beginning to make its appearance on the face. I at once gave an opiate, and procured rest to patient. Told the husband to continue the cinchonidia as directed the day before, and that I would return next day and see her again ; but during the following night I received a message, post haste, stating that she was very bad, and wanted me to get there as soon as possible. I did not get there until after midnight, and found her suffering regular labor pains. Gave a dose of the tinc. opii., and made a digital examination, and found the os-uteri considerably dilated. Pains coming on at regular intervals of about twenty minutes, I gave another opiate, and after a time made an-

other digital examination, and found the os dilated to fully the size of a silver dollar. In a short time the fetus had been expelled, also the secundines. I then gave Dover powder and morphine combined q. s. to procure rest, also gave a dose of the fluid ext. ergot to prevent hemorrhage, and directed the salts of Peruvian bark to be continued; and on the 1st May attended patient again. Found her suffering from a horrible diarrhea and a good deal of fever. Gave subcarb. bismuth and opium combined in order to check the bowels. I directed the cinchonidia to be continued, told the patient to be very quiet, and take such nourishment as she desired, and that I would return in a few days and see her again. Her convalescence was favorable.

I write this simply because I am a young practitioner, having only treated two cases of this kind, the first of which I had the good luck to carry through all right. She, however, was only two and a half months advanced in gestation. Also, because I am a constant reader of the MEDICAL NEWS, and have never noticed any thing in its columns in regard to this eruptive fever.

T. C. GRIDER, M. D.

COULSBORO, RUSSELL COUNTY, KY.

To the Editors of the Louisville Medical News:

I was called on the 10th of February, 1877, to see Mrs. J. Campbell, aged thirty years, the mother of three children. Upon arrival I found her in great misery with what the mid-wife called labor pains. I found, however, upon examination, the soft parts unrelaxed, and os uteri firmly closed. Prescribed a full dose of morphine. In half an hour the pain ceased, and the patient, in two days, resumed her usual avocations or household duties. March 9th word was left to go to see Mrs. C. as soon as possible. I was not able to see her till some twelve hours after, and found her in labor, face presentation with no progress in the last six hours. Put the patient under the influence of opium; found a large caput succedaneum. In half an hour labor

recommenced. I then induced evolution. In twenty minutes the child was born, and the placenta came away spontaneously. The mother is now doing well, child hearty, is raised on the bottle, and carried on a pillow. The tumor is a continuation of the scalp and meninges of the brain. The posterior portion of the occipital is entirely absent. The child has been examined by Drs. Gahan, Bouns, and Stevens, of this place. Hydrocephalocele is gradually increasing. This is the second case of the kind I have seen in twenty-two years; the first, which was still-born, was in 1862.

C. T. POE, M. D.

Formulary.

MOUTH-WASHES.

The following formularies were sent to the Dental Cosmos in answer to a correspondent asking a wash to heal and harden gums after teeth-extraction:

R Potassii chlorat..... 3 ij;
Tinct. krameriæ } aa fl. 3 ss;
Glycerinæ }
Aquaæ rosæ, q. s., ad..... fl. 3 viij.

M. Sig. Rinse the mouth six or eight times daily.

Another of equal efficacy is the following, patient adding the menstruum or solvent (water), and may be prescribed in cases where the patient can not afford to pay the high price asked by most druggists for water when dispensed as medicine:

R Potassii chlorat..... 3 j;
Acidi tannici 3 jss. M.

Ft. Pulv. et in chart. No. viij, div.

Sig. Dissolve one powder in a pint of water, and rinse the mouth frequently.—A.

Try phénol sodique diluted with say a tablespoonful to a half tumblerful of water.—M. X.

R Potassi permanganatis.....
Hydrastin sulph..... } aa gr. x;
Acid. tannici.....
Aquaæ rosæ fl. 3 iv.

Shake this preparation well before using; add a teaspoonful in a small wine-glass of water, and hold in the mouth for a few minutes. If all the teeth should be extracted at one sitting, I always use the remedy at first without diluting. This preparation will in a short time stop all pain that may arise from any exposure of the alveolar processes caused by extraction.—M. H. W.

R Aluminis pulv. 3j;
 Glycerinæ 3ij;
 Aquæ fl.3 vj. M.

This may be used as a wash three times daily.

Reply to W. L. D.:

R Aluminis pulv. 3j;
 Aquæ fl.3 viij. M.

has given the best satisfaction.—W. S. E.

NOTE.—We agree with our correspondents that alum is very efficient in the healing of wounded and inflamed mouths, but suggest that it is contra-indicated in mouths where teeth are present, in consequence of the injurious action of the free sulphuric acid upon these organs.—ED. DENTAL COSMOS.

LOCAL ANÆSTHETIC FOR GUMS.

| | | | |
|----------------------------|-------|-------|-------------|
| R Tinct. aconiti rad. | | | } aa fl.3j. |
| Tinct. opii..... | | | |
| Chloroformum | | | |
| Alcoholis | | | |

Mix, and apply to the gums on cotton or sponge until they whiten. This preparation will in most instances materially diminish the pain of lancing the gums and of extraction. The patient should be cautioned against swallowing any of the fluid with the saliva. Sometimes the application will irritate the mucous membrane of the mouth.

Reviews.

A Practical Treatise on Diseases of the Skin.

By LOUIS A. DUHRING, M. D., etc. Philadelphia: J. B. Lippincott & Co. 1877.

Dr. Duhring's excellent work has been before the profession half a year, and so far, we believe, has received no adverse criticism. It is equal in most respects and superior in many to any book yet published on dermatology. Every practitioner should possess it; and if in addition to this he will subscribe for Duhring's Atlas of Skin Diseases, wherein the dermal lesions are pictured with a fidelity to nature admirable and charming, and will then bear in mind that skin diseases are produced by the same causes which produce disease in the other portions of the system, and are amenable to the same remedies, he may then, with some patience and hard study, fit himself to master most of these vexatious and disfiguring ills of human flesh.

L. P. Y., JR.

Miscellany.

SPECIALISTS.—The public recognizes specialties in our profession. Your intelligent Britisher swallows advertised sherry, homeopathic surgeons, throat-, skin-, and anus-doctors; the last bracket is infelicitously equivocal, for one meaning of "anus" is *an old woman*. General hospital surgeons do not receive the same amount of patronage that specialists do; patients will ask highly qualified men after specialists. Sir Thomas Watson has been asked to recommend a good general physician. A stockbroker lately asked me, "Who is a good man for the gravel?" I replied, Scotchmanlike, "Who is a good broker for an investment in Russian bonds?" I trust that the time is not far distant when the Local Government Board shall recognize substantially the grand service done by general hospital staffs to the community, instead of perpetuating the present competition between the great unpaid general hospital men and the overpaid specialists.—Richard Davy, in British Medical Journal.

A WELL-DRESSED and aristocratic-looking lady visited a noted doctor in Paris, who has obtained much celebrity for his treatment of monomaniacs, and asked his advice about her son, who, she declared, was suffering from certain remarkable illusions. In his case the chronic lunacy took the form of a demand for "his diamonds," which he always valued at "thirty thousand francs." The son of Galen desired an interview with the unfortunate youth, and the lady promised to bring him in the course of a few minutes. Repairing to a famous jeweler's, she ordered thirty thousand francs' worth of diamonds, and asked a shopman to accompany her with the precious purchase, affirming that her husband would pay the bill. Taking her victim to the doctor's house, the lady took possession of the diamonds. She ushered him into the medical presence with the words, "This is the young

man," and bolted with her valuable spoil. "Sit down," said Medico, proceeding to engage his patient in conversation. "How old are you?" "I am 24," was the reply, "but I don't see what that has to do with the diamonds? please to give me *thirty thousand francs*, and let me go." "Ha! ha!" said the doctor, "It's a genuine case of monomania." Explanations followed, but the diamonds and the clever thief were gone for ever.—*Home and Abroad.*

THE first step toward the general utilization of the electric light has been at last taken. A Russian has invented a form of burner in which the carbons are parallel, and are only insulated by a layer of asbestos or vitrified kaolin. The invention has been tried at the West India Docks and other places, and with such marked success that on the first report gas companies' securities fell in some cases as much as sixteen per cent within a week. The new candle is said to give a light equal to one hundred gas-burners.—*Medical Press and Circular.*

THE metrical fever is somewhat subsiding.

Selections.

The Diagnosis and Treatment of some forms of Dyspepsia.—Nausea and vomiting come next for consideration, and the sensation of sickness, with weight and distension after food, may simply be a protest on the part of the stomach against a greater amount of work than it can successfully accomplish. Perhaps the patient eats too much or too often, or the constituents of his diet are harsh and deficient of digestion, or the stomach itself is weak, or, what is a very common cause of dyspepsia, a deficiency of nervous energy exists. Probably some source of nervous exhaustion may be at work, or most of the available nerve-force has been directed into other channels by continuous hard work, mental anxiety, and the like, and may not be available for digestive purposes. Secretion then goes on badly, and more especially if we direct our attention strongly in other directions, as by reading or thinking deeply at meals; a too scanty amount of gastric juice will be thrown

out to meet the necessities of the case, and ill-digested food will then set up intestinal disturbance.

Now we shall not have much difficulty in recognizing this class of cases. Our patient complains of feeling nervous, depressed, and out of sorts, and is readily tired by comparatively slight exertion. He sleeps heavily, but wakes unrefreshed; his head feels confused, and he has some difficulty in focussing his ideas on a given point. After meals he becomes dull and drowsy; and his appetite, at first preternaturally keen, is satisfied with a few mouthfuls of food, after which nausea sets in. Nervine tonics, and more especially nux vomica and strychnia, will here do us good service; and in conjunction with mineral acids, cinchona and capsicum will often go far toward restoring our patient; while a little alkali taken before his food may tend, on Ringer's principle, to augment the secretion of gastric juice. But suppose that vomiting sets in, and continues with such severity as to constitute itself a special symptom, and threaten serious weakening by exhaustion. What shall we do? See, in the first place, that the bowels are thoroughly unloaded, and then prescribe some effervescent medicine, with or without prussic acid; for although I can not withhold the conviction that this useful drug has been excessively overpraised as a remedy for sickness, and that its actual power in checking this condition is comparatively trifling, still the force of routine is so strong that it is still almost indispensable in these cases. But supposing this treatment fails, as it often will, we must try something else, and in ipecac (whose marvelous power of checking the vomiting of pregnancy we all know and appreciate) we will find our sheet anchor.

Hannah Crow consulted me, at the Western General Dispensary, for pain after food, with sickness and vomiting, and frequent distressing retching; loses flesh rapidly, and is much weakened by the fact that every meal is brought up soon after being swallowed; tongue red and quite stripped of epithelium; papillæ much enlarged. After seven days' treatment by a drop of vin. ipecac every hour all nausea and sickness entirely left her, and only epigastric uneasiness remained, which was speedily cured by an alkaline mist.

Or, in case ipecac disappoints us, we may try nux vomica also in small doses; and armed with these two remedies, and the judicious use of counter-irritation, we will generally succeed in relieving any ordinary case of pure stomach vomiting, recollecting, of course, the many pathological conditions of which this act may be the sympathetic indication. Flatulence, also, is a symptom which gives much annoyance, and which frequently arises from a deficiency of those secretions which have an antiseptic action over the contents of the intestinal canal, more especially the bile; and under these circumstances a

little nitro-hydrochloric acid will have a good effect. But it often also results from the condition of nervous debility just described, and in which a general flabby condition of mucous membrane concurs with deficient secretion, these tonics, and more especially nux vomica, and the more astringent forms of iron will give relief. For the mere relief of the symptom itself, we will find some benefit from nitro-muriatic acid, some from charcoal, but most of all from sulphurous acid in half-drachm doses.

The opposite conditions of constipation and diarrhea would deserve and repay very careful attention, but time will only enable us to direct brief attention to one phase of the question, and that is a condition in which looseness of the bowels comes on immediately after eating. "Every thing," to use the patient's own words, "seems to pass through me." Now this consists no doubt in some irritable condition of the intestines, which prompts them to bring on the digestive act, and ordinary astringents will only make matters worse, but if we adopt Ringer's hint, and give small doses of liq. hyd. bichlorid., we will often obtain success, as in the following case:

S. C., aged twenty-eight, consulted me July 15th, looking very pale, ill, and anxious, with a raised temperature, much epigastric pain and diarrhea immediately following food; states that she was quite well a week ago, and her general aspect almost suggested the possibility of typhoid, but five-minim doses every four hours of liq. hyd. bichlorid. completely removed all her symptoms in three days.—*Robt. Farquharson, M.D., in Medical Press and Circular.*

Dietetic Means in Dyspepsia.—We shall often make a good hit in private practice by remembering this, and stopping the supplies of milk and beef tea and nutritious slops, with which the victims of weak digestion are often drenched. Cut all this away, and allow only compact and moderate allowances of dry solid food, and we will find marvelous improvement and great development of health. We will find that the nausea and flatulence and want of appetite will disappear, and a fresh era of health set in.

Secondly, we have to consider in how far dyspeptic symptoms are originated or kept up by an intemperate use of meat. The experience of several eminent vegetarians who recently favored a sister society with a sketch of their principles and practice, show that the highest development both of brains and body is thoroughly consistent with total abstinence from flesh. We know that the blood overloaded with nitrogenous products is liable to engender the development of gout and rheumatism, and other disorders, and Parkes has shown how an exclusively flesh diet will give rise to peculiar dyspeptic symptoms, with a tendency to papular and pustular eruption, foul tongue, intensely acid urine, and great mental depression. We see

cases approaching to this in the servants of the wealthy, who are allowed to eat meat four and even five times a day, and in whom we observe a peculiar, pasty, greasy complexion, a dull eye, loaded tongue, sluggish bowels, and great inaptitude for exertion.

An eminent surgeon recently gave an interesting sketch of his own experience in this direction. About a year ago he told his audience in St. George's Hall one Sunday afternoon, he felt himself breaking down, his sleep impaired, his energy of body and mind lessened, he was easily tired, and could no longer do a long stretch of work with ease. His friends thought him overworked, and counseled him to live well, but the more closely he followed this advice the worse he grew, and he began to fear that his best days had indeed gone by.

Coming now under the hands of an eminent physician, quite a different aspect was given to the case. You are eating, said he, a great deal too much. Your nervous energy is largely used up in your work, and is not sufficient for the additional strain placed upon it for your present digestive purposes. Eat much less, and especially much less meat; and on complying with these instructions, the patient speedily lost his bad symptoms, regained even more than his old power of work, and since that time, as he graphically expressed it, he has never even known that he has a body.

Now, even though we may not absolutely accept the physiological explanation here given, there can be no doubt about the fact that too much meat was being here consumed, and that a reduction in the diet scale was speedily followed by the best results. Surplus nitrogenized material merely undergoes retrograde metamorphosis, becoming transformed into various secondary products, and injuriously oppressing liver and kidneys. In such cases we generally find the urine very acid, of high sp. gr., and either containing a large excess of urea, as pointed out by Dr. Fuller, or loaded with crystals of oxalate of lime, and this will be another aid to diagnosis, and another hint that too much animal food is being consumed.

But the other dietetic extreme may also be productive of derangement, and the great bulk and somewhat heating and irritating quality of such a diet as oatmeal is often productive more especially of flatulence and tendency to diarrhea. It is a mere truism to say that a proper blending of both these classes of food is requisite to sustain large masses of men under the ordinary conditions of life in full health and complete efficiency.

Thirdly, and to conclude: one word about tea. Now, a brief visit to any of our out-patient rooms will convince us of the full extent to which the evils of this substance are recognized, and we see physicians and clerks vieing with one another in their

efforts to stamp out the perilous practice of tea-drinking. Now, many patients will tell us quite spontaneously that tea causes pain and flatulence, but to others again its sudden withdrawal is a real and serious deprivation. We all know its marvelous restorative powers; how it removes fatigue and stimulates nervous energy, and even seems to supply the want of food, or at least deadens the cravings of appetite. Are we then to deprive many poor half-starved women of their only solace, and will not the remedy or the remedial necessity prove worse than the disease itself. Now, in considering this question we are at once met by the undoubted fact that we know very little about the action of tea itself. Physiological inquiry has elicited some experimental results of the administration of the alkaloid to the lower animals, and we know that strong tea will prevent sleep and cause palpitation and many uncomfortable nervous sensations. But in the case of the poor, who suffer most from excessive tea-drinking, the active principle of the plant may practically be left out of consideration. A weak infusion of tannin and other vegetable constituents drank hot, and in large quantity, and at frequent intervals, must necessarily spoil appetite and impair digestion, by precipitating and unduly diluting the gastric juice. So we must check the habit altogether, if necessary, and at all events keep it within moderate limits; and in the case of the more wealthy we may have cause to remonstrate against those modified meals which, under the familiar name of afternoon tea, too often seriously imperil the prospects of a good dinner later on.—*Ibid.*

Fibrous Tumor of Uterus Expelled Piece-meal by Ergot.—William H. Byford, M. D., writes, in Archives of Clinical Surgery:

“Mrs. L. D. M., forty-seven years of age, called on me September 20, 1876, with the following history. She had been the subject of severe hemorrhage, leucorrhea, pains in the region of the uterus, and general nervous prostration for the past two or three years.

“I found upon examination a large fibrous tumor of the uterus, which extended to within two inches of the umbilicus, filling up the hypogastric region, and extending to the ilium on the left side. The uterine cavity admitted the sound fully five inches. The contour of the tumor was globose and regular, and admitted of considerable motion. Her great apprehension made the patient urgently demand some energetic measure to get rid of the tumor. I thought it another very favorable case upon which to try the expulsive influence of ergot, and prescribed Squibb's fluid extract.

“She began at once to take thirty drops of that preparation, three times a day, and was to gradually increase the dose to one drachm. At first it had no

perceptible effect. In a few days, however, she experienced great pains, and soon the suffering from them made it necessary to omit the medicine for several days at a time. In spite of this disagreeable effect, she was urged to resume it in the smaller doses, and again increase it until it became intolerable. She courageously continued the medicine in this way until the 13th of January, 1877, when the tumor began to break up and be discharged.

“I will here give a copy of the letter in which this plucky woman describes the process by which she was freed from the tumor. She says:

“I think I wrote you one week ago to-day (January 20th). At that time the tumor was passing. It continued to do so until Friday (the 26th of January), when I think the last of it was expelled. To-day I have expressed to you a portion of the last that came. I think the whole that came with the portion I sent you would weigh one and a half pounds. I do not believe a two-quart can would hold it all if the whole of it had been preserved. It commenced to come a week ago last Saturday (January 13th), and from Saturday evening to Sunday morning there was a pint or more. After this the stench was so disagreeable that we could not cleanse it; consequently, we threw it away. Wednesday and Thursday it seemed to be in one continuous mass. I can't better describe it than to say that it came like sausage meat from a stuffer. I would cut off about four inches a day; that is, on Wednesday and Thursday. Friday morn-(the 26th of January) the last portion of it came away. There is now considerable discharge and a good deal of pain, and my appetite is poor.

“During my sufferings I could not take the medicine you prescribed; the valerian makes me so sick. Yesterday morning I had another attack. It took me all at once. It appeared to be in the womb at first, and from there it extended to the bowels, as though a knife were cutting me. During the night, if I would cough or move in my sleep, I could not help screaming, there would be such lancinating pains. I am so tender this morning I can't bear any thing to touch me.

“I am afraid of this bowel difficulty. I know it is gas, but do not know how to get rid of it. I attempted to use injections of castile soap and tepid water to cleanse, but it caused pain. The os or neck of the womb is very sensitive. Saturday morning my bowels (the abdominal muscles) were drawn down tight to my back-bone, but Sunday and to-day I am bloated, owing to this gas. There are times I have a little fever, then again I sweat excessively.’

“In the few last sentences of this letter we see allusion to symptoms that must have arisen from septicæmia, the result no do doubt of absorption of some of the putrid fluids flowing from the decomposed tumor while occupying the uterus and vagina.

"The above description, although not elegant, is very graphic, and the more interesting because it comes from the suffering patient.

"In a letter dated March 29, 1877, she says: 'You remember when I last wrote I was menstruating freely, and had been for a week. I took the ergot as you directed, and it checked up. In five weeks my courses returned, lasting only two days. During the interval there has been some discharge of a white glairy mucous. I have gained flesh, appetite is excellent, and my friends think I am doing splendidly.'

The frequency with which the persistent use of ergot is followed by the disintegration and expulsion of fibrous tumors of the uterus, is an interesting if not a new item in the treatment of these morbid growths. In a certain class of these tumors we may reasonably expect this event. This is the fourth case that has come under my observation within the last three years in which a fibrous tumor has been thus summarily disposed of.

"In the intramural tumor, where the neoplasm is so situated that the greater portion of the muscular fibres surrounding it lies outside, the persistent use of ergot, if it causes contraction, will be very likely to effect its expulsion. I think the process may be explained in this way, viz.: When all the fibres of the uterus are acting with equal energy, the thicker and stronger external stratum will overcome the thinner and weaker internal layer of fibres, and press the tumor toward the uterine cavity. The frequent and continued repetition of this antagonism must soon impair the nutrition of the overpowered and yielding fibres, and finally destroy their integrity, causing either absorption or destructive inflammation in them, either of which will sooner or later permit of their rupture. After this much is accomplished, the expulsion of the mass will necessarily follow.

"I would further call attention to the fact that the concentric action of the whole fibrous structure of the uterus is the most efficient, if not the only factor in the process of disintegration and expulsion of the tumor.

"A question of some importance is the possible disastrous effects of ergot in cases where the tumor is situated nearer the peritoneum than to the mucous membrane. If the thicker and stronger stratum of fibres is between the uterine cavity and the tumor, why may not the tumor be disintegrated, and, after rupture of the peritoneal layer of fibres, be impelled into the peritoneal cavity, and cause death from septic inflammation in that cavity? The answer is, that after the tumor is extruded to a certain extent, the inner fibres, by virtue of the concentric direction of their contractions, exert their force from, instead of toward, the tumor. In this way the nutrition of the tumor is diminished, its growth checked, and a ten-

dency given to the more gradual degeneration which results in induration, and, perhaps, calcareous degeneration.

"I see no reason to doubt that, with a proper consideration of each case as it presents itself for examination and treatment, we shall generally be able in the near future to select with considerable accuracy those in which the success of the treatment instituted to cause the destruction and discharge of these tumors can be predicted with a reasonable degree of assurance."

Treatment of Ringworm.—Dr. Robert J. Lee, Senior Assistant Physician to the Hospital for Sick Children, Great Ormond Street, London, in British Medical Journal says:

"There are numerous agents which seem to have more or less active influence in the treatment of ringworm; some being advocated by some practitioners as superior to others, while these again have their own supporters. The spores of the trichophyton appear to resemble the microspores lately examined by Prof. Tyndall in their obstinate resistance to destruction; and the successful treatment of cases of tinea tonsurans clearly depends on determining whether it is possible to destroy these spores, or whether, by preventing their germination for a certain period, the disease practically cures itself. The observation of some troublesome cases of ringworm which had been under various kinds of treatment without much benefit, suggested a plan of treatment which excluded the possibility of destroying the trichophyton spores, and only had for its object the arrest of proliferation of the germs. The question of the destruction of microspores is one which perhaps does not present itself as quite a different question from the prevention of their development. An example will illustrate what is meant. If we take a solution containing bacteria, such, for instance, as that in which bladders are prepared for museum purposes, the odor of which is singularly powerful, and add to it a certain quantity of carbolic acid solution of the strength of 1 in 40, we shall find that the active living organisms which exist in the former will be instantly destroyed and the odor removed. If we do the same thing with a solution of salicylic acid of full strength (water absorbs only about 1 in 400) the organisms are not destroyed and the odor is not removed; that is to say, salicylic acid will not destroy well-developed bacteria. But salicylic acid will prevent them from developing, as is proved by the fact that we may preserve animal or vegetable matter from decomposition by treating it with solution of the acid. We thus see the importance of distinguishing between agents which destroy bacteria and microspores, and those which simply prevent their development; and there is no doubt that those who have been studying this most interest-

ing subject by clinical, microscopical, or physical methods are well aware of the importance of ascertaining the conditions which favor or arrest the development of different species of germs; clearly a stage in the inquiry beyond that of the extent to which the germs may be destroyed by various agents.

"As it is well known that some of the remedies used for ringworm are less liable to produce inflammation of the skin than others, it is most desirable to give a preference to the former, the production of inflammatory changes seeming rather to retard than promote the action of a remedy. On this principle I have, during the last twelve months, used carbolic acid, the most certain agent for the prevention of the development as well as for the destruction of microspores, with decidedly better results than were observed when iodine, tincture of the sesquichloride of iron, or any other agents had been employed, including Goa powder, which has lately been recommended as superior to most others. There is one important point which must be attended to under any circumstances; and this is, the necessity of much more frequent application of any remedy than is usually considered requisite, for the reason that most species of microspores require only a few hours to advance from one stage of development to another, and that, in order to prevent any increase in the number of the spores, though we may not be able to destroy them, it is absolutely necessary to apply the remedy at intervals of not less than six hours. The best preparation for this purpose is a combination of sulphur and olive-oil in equal parts, to which carbolic acid in the proportion of two grains to the drachm is added. To prevent the contact of the fingers of the person who applies it, and who is liable, without caution, to take hold of a child by the neck or shoulders, and thus produce the disease on other parts, a small sponge or brush should be used. This must be done every four or six hours, the head being washed with Castile soap and warm water night and morning before the application of the carbolized oil. If a stronger solution of the acid be used, as, for instance, in the proportion of 1 to 10, it will be found that a certain amount of inflammation is produced, and the frequent application of such a mixture can not long be pursued. After making various experiments of this kind, I have found the preparation given above most satisfactory, and believe that the treatment of ringworm with carbolized sulphur oil may be recommended as superior to any other in common use.

"As a matter of experiment, there is no doubt as to the fact that no agent with which we are acquainted is to be compared to carbolic acid for the destruction of organic life without destruction of organic matter, and that no agent is so useful in treating parasitic diseases of the skin, from the fact that, in proportion to its destructive action on the organisms which pro-

duce them, it is the least injurious to the cutaneous issue.

"Attention to details is of such importance in the treatment of tinea tonsurans, that it is necessary to add to the above directions the remark that the hair should be cut close with scissors, and that the oil should be rubbed into the skin for a few minutes. The treatment should be continued for at least a fortnight after the disease has apparently been cured. Either of the following prescriptions may be used. The first has the advantage of not becoming thick or dry from evaporation, while the second is cleaner and cheaper:

"R Sulphuris precipitati..... }
Zinci oxidi } aa 3 j;
Olei olivæ..... fl. 3 j;
Acidi carbolici..... gr. xvj.

"R Sulphuris precipitati..... }
Zinci oxidi } aa 3 ij;
Glycerini..... }
Aquæ..... } aa fl. 3 iij;
Acidi carbolici gr. xvj."

Method of Arresting Hemorrhage after Excision of the Tonsils.—In removing the tonsil with the guillotine it is important to remember that the organs are situated obliquely, like the pillars of the soft palate; more pressure should be made upon the lower than on the upper border of the instrument, and the tonsil will then be readily seized. It is better not to attempt to remove the whole of the organ, for after the removal of a portion the rest will atrophy, and removal of the whole is liable to be followed by dangerous and very obstinate hemorrhage. The hemorrhage may be due to the existence of inflammation at the time of operating, which inflammation also has a tendency to make the substance of the organ friable, so that it will have to be removed in small pieces; hence it is always advisable to defer the operation until the inflammatory stage has passed.

The great danger of hemorrhage, however, lies in the possibility of opening into the rich venous plexus, which lies at the bottom of the tonsillar fossa, and which is very easily wounded when the tonsil is removed entire. The hemorrhage from this source is sometimes extremely profuse, and is kept up by the movements of deglutition and spitting. The bleeding is not always primary, hence it is necessary to keep the patients under observation for a time. Sometimes it recurs after it has been once arrested. All the usual methods of checking the bleeding are unreliable, with the exception of direct compression made by the finger of the surgeon. The finger should be introduced into the mouth and applied directly to the wound, while counter-pressure is made from in front. This position must be maintained for several minutes, notwithstanding the attacks of suffocation, the efforts

at vomiting, and the cough which the method excites. The hemorrhage is generally arrested at the end of two minutes. Dr. Panas, of the Hôpital Lariboisière in Paris, has on three occasions been called on to stop considerable hemorrhages from this cause, and succeeded in promptly arresting them by this procedure.—*Journal de Méd. et de Chir.*

Treatment of Hay Fever.—The old adage that an ounce of prevention is worth a pound of cure is fully exemplified in regard to hay fever. You may readily prevent it, and relieve it when established, by proper medical treatment; but you will not be able to permanently cure it. Henry Ward Beecher once asked the celebrated Dr. Oliver Wendell Holmes for a remedy for hay fever. The doctor replied that "gravel was the most effectual cure; it should be taken eight feet deep." A sea voyage will give immunity; and a residence during the catarrhal season in some elevated, cool mountainous region. We have in our own state a place called Oakland, situated upon the Alleghany Mountains; also Deer Park, six miles from Oakland, in the same mountains, that gives positive exemption. I could name fifty persons that have obtained immunity there for many years; and the reputation acquired from this fact has made it an objective point for all hay-fever sufferers in this state and the surrounding country. I am very sure that most cases will find there all that is needed to make them comfortable; fine, bracing air, cool and pleasant at all times; two hotels and several cottages that can not be surpassed for their ability in providing for the comfort of guests. White Mountains, Bethlehem, Glen and Twin Mountain House region, the Adirondacks, Rocky Mountains, Catskill, Denver in Colorado, all have acquired a reputation as a sure resort for hay-fever patients. Cool regions without regard to elevation, all give immunity. In short, any region where there are no violent extremes of heat or cold, but where the temperature is equable, will afford relief. I have no doubt but that there will be found very few cases of hay fever in such places.

The treatment for the disease when fully established may be both constitutional and local. Tonics to fortify and strengthen, sedatives to allay irritation, and narcotics to procure sleep, are all required in most cases. Quinine is the remedy *par excellence*, given internally and used locally. Tincture of muriate of iron, phosphorus, strychnia, belladonna, and arsenic have been used also with success. The best remedy to induce sleep is chloral combined with bromide of potassium. Local applications to the mucous surfaces may be made with an atomizer or nasal douche. Common salt, tannic and carbolic acids, camphor, glycerin, and iodine have been used in this

way with varying relief. Many other things have been used, but I deem it not advisable to mention more of them, as it would consume too much time, and in the end impart nothing of value. Relief will almost always be given by the remedies I have mentioned. But before concluding I wish to repeat the statement, as the result of my own experience, that there is no agent so powerful for good as quinine, given in two-grain doses three times a day, and continued for several weeks.—*Dr. Thomas Evans, of Maryland, in Virginia Medical Monthly.*

Hypodermic Injections of Morphine in the Reduction of Inguinal Hernias.—Dr. Philippe, of Saint-Mandé, recommends the use of hypodermic injections of morphine in recent cases of strangulated inguinal hernia, and reports three cases in which he administered them with excellent results. Taxis had been previously tried in vain, but after the injection of from one third to one half grain of morphine, it was resumed and proved entirely successful. One of the patients was an old man, ninety years of age, who was afflicted with a voluminous, irreducible inguinal hernia on the right side. During a paroxysm of coughing a fresh loop of intestine was forced into the sac. The injections of morphia, however, can only prove serviceable at an early period after the descent of the intestine; at a later period they are far less valuable than anæsthetics, which not only relax spasm, but, if necessary, permit of an immediate resort to operation.—*Le Mouvement Médical.*

Potassio-tartrate of Iron.—Dr. Vincenzo Gozzotino, in Lo Sperimentale, says that he has found the potassio-tartrate of iron most useful in cases of chancre (chancroid) of regular course, in which it acts beneficially as an antiphagedemic; and he likewise observes that under this method of treatment buboes are less frequently found by him than has happened when the sores were treated with caustics. He also lauds it as an antinecrotic, having arrested by means of the potassio-tartrate of iron various gangrenous processes which had resisted the use of other remedies. He says that he has found it very useful in cases of old fistulæ, injecting it within them; and he has found it suitable in cases of blenorhea, especially when of a torpid character, owing either to the individual constitution or to the condition in which the urethra was found. Lastly, he states that he has employed it with advantage for dressing a stump resulting from a disarticulation of a finger. Besides its efficacy in all these applications, he lauds the innocuousness of the potassio-tartrate of iron, which he insists has neither produced nor augmented any suffering on the part of the patient.

LOUISVILLE MEDICAL NEWS ADVERTISER.

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1877-8.

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CITY OF NEW YORK.

SESSIONS OF 1876-77.

THE COLLEGiate YEAR in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1876-1877 will open on Wednesday, September 13, 1876, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will commence on Wednesday, September 27, 1876, and end about the 1st of March, 1877.

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The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March to the first of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College building.

FEES FOR THE REGULAR SESSION.

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| Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures..... | \$140 00 |
| Matriculation Fee..... | 5 00 |
| Demonstrator's Ticket (including material for dissection)..... | 10 00 |
| Graduation Fee..... | 30 00 |

FEES FOR THE SPRING SESSION.

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| Matriculation (Ticket good for the following Winter)..... | \$5 00 |
| Recitations, Clinics, and Lectures..... | 35 00 |
| Dissection (Ticket good for the following Winter)..... | 10 00 |

Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

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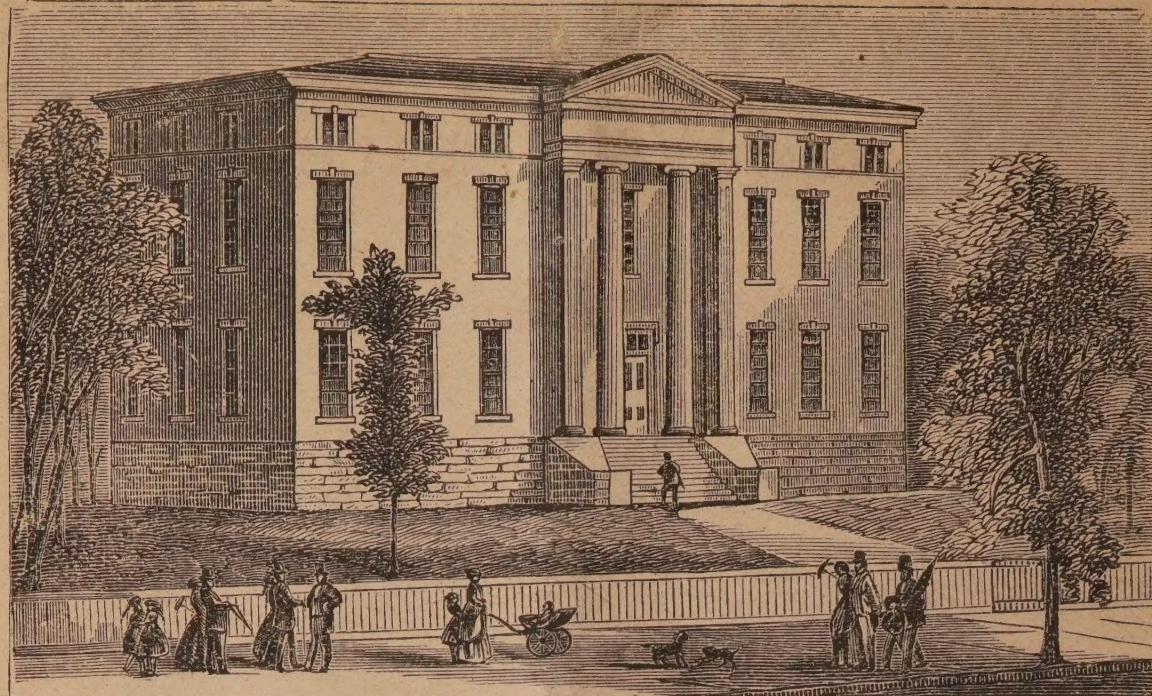
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| J. M. BODINE, M. D..... | Professor of Anatomy and the Operative Surgery of the Eye. |
| L. P. YANDELL, JR., M. D..... | Professor of Therapeutics and Clinical Medicine. |
| E. R. PALMER, M. D..... | Professor of Physiology and Physical Diagnosis. |
| T. S. BELL, M. D..... | Professor of Science and Practice of Medicine and Public Hygiene. |
| JOHN E. CROWE, M. D..... | Professor of Obstetrics and Diseases of Women and Children. |
| J. W. HOLLAND, M. D..... | Professor of Materia Medica and Medical Chemistry. |
| DAVID W. YANDELL, M. D..... | Professor of the Science and Art of Surgery and Clinical Surgery. |
| R. O. COWLING, M. D..... | Professor of Surgical Pathology and Operative Surgery. |
| W. O. ROBERTS, M. D..... | Demonstrator of Anatomy. |

F E E S.—Professors' Tickets, in full, \$50.00; Matriculation Fee, \$5.00; Demonstrator's Ticket, \$10.00; Graduation, \$30.00; Hospital Ticket (required by City), \$5.00.

The Regular Session will commence on the first Monday in October, and continue until the 1st of March.
A Preliminary Course of Lectures, free to all Students, will commence on the first Monday in September, and continue till the opening of the Regular Term.

J. M. BODINE, M. D., Dean of the Faculty.

For the Annual Circular, containing full particulars, address

J. W. HOLLAND, M. D., Sec'y of Faculty,
Corner Fifth and Walnut Streets.

SPRING AND SUMMER SESSION OF 1877.

The Spring and Summer Session of 1877 in the Medical Department of the University of Louisville will commence on March 6th and continue till July 1st. The following Courses will be given by the *REGULAR FACULTY*, assisted by Drs. W. O. ROBERTS, H. A. COTTELL, WM. C. CHEATHAM, W. B. DOHERTY, W. H. LONG, R. B. GILBERT, and C. J. RADEMAKER.

On Venereal Diseases and Diseases of the Skin; Ophthalmic and Aural Diseases; Clinical Diseases of the Chest, and Physiology; Public Hygiene; Clinical Diseases of Women; Clinical Surgery; Materia Medica; Surgery; Practice of Medicine; Anatomy; Chemistry; Obstetrics; and Diseases of Children.

Didactic Lectures will be given on the Specialties of Medicine and Surgery, but the essential feature of this course will be CLINICAL INSTRUCTION and RECITATIONS from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of SS. Mary and Elizabeth. From these sources an inexhaustible supply of clinical material is obtained.

Advanced students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

The Fee for the Full Course is \$25.00, and entitles the holder to his Matriculation Ticket for the ensuing Regular Winter Session. For further information address

W. O. ROBERTS, M. D., Dean of University Summer School,
263 West Walnut Street, LOUISVILLE.